The Hampden Hippocrat

APRIL
1976

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ANNUAL REPORTS '75 — '76

T.L.C.

At the foot of the Berkshires, high on a hill overlooking the Pioneer Valley stands a large brick building of dubious architecture and uncertain use. Though a landmark for a long time, few motorists speeding along Interstate 91 would know that the nondescript complex houses the **Soldiers' Home in Holyoke.** For the past twenty-four years this institution has cared for Massachusetts Veterans, many of whom are suffering from long-term chronic illnesses. Though lacking the glitter and chromeplated glamour of "General Hospital" a number of dedicated people have ministered to and have given our patients something that no money can buy, *tender loving care.*

As a tribute to these people and with the writer's permission, I have included in this paper some excerpts from a letter written by a young orderly to our Director of Nursing.

"Dear Miss Monks:

I wish to say a very big T H A N K Y O U ! for helping me in my pursuit of a medical career. I received an acceptance letter from George Washington University Medical School on February 13, and two more letters of acceptance from Tufts and U.Mass Medical Schools on February 19.

I can't tell you how grateful I am for all your efforts and genuine concern for my situation. . . . My experience at the Soldiers' Home has provided me with a feeling that medicine should be my life's work. This surfaced time and time again in my interviews and I found my interviews to be almost fun. I simply spoke from the heart and was never at a loss for words. My experience at the H.S.H. has given me this. I know many of my peers who have worked in hospitals and none of them came away feeling as I do because they did not work in a situation where things like attitude towards patients and genuine concern for human values were stressed. If it wasn't for your thoughtful guidance the H.S.H. would be like all those other hospitals.

My joy comes in little spurts as the true significance of what has happened has not really sunk in. . . . Again, I say Thank you.

Sincerely,

John K. Mucai"

Any comment would only detract.

Massimo A. Giordano, M.D.
Medical Director
Soldiers' Home in Holyoke

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VOL. XXXII, NO. 3 APRIL 1976

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The official bulletin
for The Hampden District
of The Massachusetts
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Founded in 1942 by
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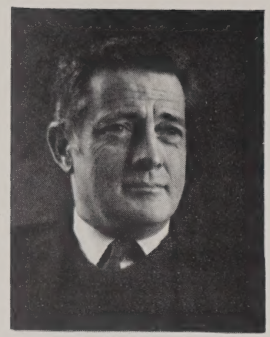


Gardner Cox II, M.D.

Your President's Page

House Bill No. 3610

Gentlemen and Ladies:

The Hampden District Medical Society is opposed to House Bill #3160, especially to Section 8. It would seem that this bill gives the Secretary the right to decide the quantity and quality of care given in hospital treated patients. It allows no flexibility, basically, in the areas of compensation and reimbursement for physicians working in hospital settings. It is felt that this will in most instances reduce the present levels of care now available and will arbitrarily put decisions of care out of the local area—a step badly conceived and directly against the concepts within P.S.R.O. guidelines for review.

It seems to many physicians that this is another step in the same 10 year direction of Federal-State Health Care involvement that has thus far produced an inflationary spiral of outstanding proportion, while at the same time reducing the availability of medical care to communities, diminishing the possible entry into health care of the working poor and creating a hierarchy of supervisory units that have caused an absorption of everyone's dollar for their support.

We are now treating an avalanche of paper—and are going to add more with this bill. Let your legislator know your thoughts. Thanks for your assistance and support.

Gardner Cox II, M.D.
President HDMS '75-'76

Editor's Note: This is the last page from your president Gardner Cox. He is looking forward as is his way. The Editorial Board was glad we could help in his administration and we wish him well, as he relinquishes the gavel on the 27th of the month.

Notice To The Readers:

Your President-elect, Dr. Bruce B. Stoler, is issuing a call to all HDMS members, who are interested in helping him in his administration as committee persons or in any other capacity, to contact him or Viv Purdy and relate what you would like to do. The HDMS is only as strong as its active members and to give of oneself for this branch of organized medicine is to help oneself and our profession. Many crucial and vital issues are surfacing in both the Great & General Court and the Congress, which will require dedicated interest and active, aggressive minds to guide or defeat for the good of our patients and our profession. Offer your services to Bruce, he will appreciate your assistance!

Annual Meeting of the Hampden District Medical Society

Tuesday, April 27, 1976

Business Meeting at 6:00 P.M.
Social Hour at 7:00 P.M.
Dinner at 7:30 P.M.

CHEZ JOSEF, Agawam, Massachusetts

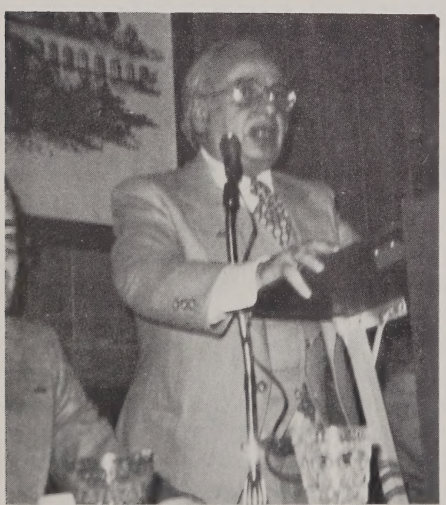
Presentation of Certificates to Fifty Year Members
Presentation of Certificates to New Members
Annual Reports

Report of the Nominating Committee—Dr. Howard M. Ledewitz

Massachusetts Medical Society
195th Annual Meeting
Tuesday-Wednesday
May 25 and 26, 1976
57 Park Plaza
Boston

The Springfield Academy of Medicine
Annual Meeting
Tuesday, May 11, 1976

Election of Officers



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ANNUAL REPORTS
1975 — 1976

The Scholarship Committee

William B. Coen, M.D.,
Chairman

The Scholarship Committee distributed funds to worthy applicants during the past year.

The money earned from the interest on the polio drive of a few years ago was directed to the award of six scholarships for a total of $1,775.00. The $5.00 contribution form the HDMS membership incorporated in the dues, totaled $2,500.00 and was sent to five medical students.

The Dr. Max Millman Memorial Scholarship Fund has accumulated over $23,400.00. An attorney is presently preparing the fund to be used as a medical student loan program. The physician members of this committee are Drs. William Coen, John C. Ayres, John F. Griffin, Sheldon Goldberg and Bernard Bloom. Mrs. Max Millman was also a member of this committee.

Public Relations Committee

Bernard Bloom, M.D.
Chairman

The Public Relations Committee had a very successful year in its relations with all the media within the area. Television and radio were most helpful in cooperating with our programs. The newspapers were singularly responsive to fair representation of our viewpoints giving prompt attention to our letters to the Editor and in printing timely news releases.

In the many years we have been working with the media, I feel 1975-1976 has been the Golden Year of Cooperation.

(Cont. next page)

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Mediation Committee

Setrag A. Zacarian, M.D.
Chairman

Your Mediation Committee has met each month in the past year and has considered complaints against physicians by patients and also complaints brought by physicians against their own peers.

There is an increasing number of complaints each year and thus far your committee has considered thirty six complaints.

We have tried to resolve the differences between the patient and physician after thorough investigation of both parties. Many complaints would never reach this committee if the physician and his staff were more understanding, cooperative and sensitive to the patient's needs.

I wish to thank each and every member of my committee for their attendance, diligent and objective appraisal of each and every complaint. My committee members consisted of Drs. Blake, Carpenter, Epstein, Franseen, Hirsch, Kiss, Lynn, McHugh, and Magill. I also appreciated the frequent attendance of Dr. Stoler, President-Elect.

Malpractice & Medico Legal Affairs Committee

Leon M. Kruger, M.D.
Chairman

The committee held no formal sessions during the year but was called on, on several occasions to mediate several problems which existed between member physicians and attorneys—primarily in the area of reports. These problems were handled in an informal manner, without the need for any hearings or Executive Committee action.

Blue Shield District Professional Service Committee

Thomas G. Magill, M.D.
Chairman

No meetings took place. The committee is an adhoc one and no issues were brought before it.

By-Laws Committee

Harry N. Memery, M.D.
Chairman

The by-laws committee had no official business during the past year.

Insurance, Labor Relations & Industrial Accidents Committee

Harrison D. Willcutts, M.D.
Chairman

No problems arose and there were no inquiries.

(over please)

Legislative Committee Report 1975-1976

Maurice J. Boivin, M.D.
Chairman

The committee on legislation met on October 1, 1975 and one February 4, 1976 at the Harvard Club of Boston. As has been the case in the last few years, printing of this year's bills were not available at the February meeting due to the usual excuse of problems with the printer. Your legislative councilor still has not received any information or printings.

We physicians have been and continue to be hit by a barrage of legislation of major concern to all. Among these bills was the 30% cutback in Medicaid payments and the cuts in medicaid and general relief eligibility, which has almost destroyed the states' ability to provide health care to the poor. Parts of this legislation was contested in court by the MMS, and it has won some relief.

Other problems of current concern include: the Federal Maximum Allowable Costs now being fought in court by the AMA, PL93-641, the National Health Planning and Resources Development Act of 1974 which gives local Health Planning Agencies excessive power with little chance of meaningful input by physicians and most of the population under regulation. PL 93-641 along with Mass. House Bill #3160, the Governor's Hospital Charge Control Legislation poses a tremendous threat to the delivery of Health Care under a free and selective system, and with the usual political bureaucratic failures will surely lead to destruction of rural and local Community Health Services.

Past poor performance of the Health Planning Agencies, clubby makeup of the Boards, and powers within the Governors bill make the destruction of community hospitals merely a matter of time unless all physicians and all citizens wake up and make a public outcry directly to their legislators and the Governor.

Unfortunately, I must report there is no new legislation to correct the malpractice problem, which continues despite the temporary solution of last year. What happens next? Your future is at stake.

(Cont. next page)

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The Report of the Hampden Hippocrat

May 1975 to April 1976

Your **Hampden Hippocrat** has changed during this time interval. Two associate Editors have resigned, Dr. James D. Allen and Dr. Frederick C. Schwendenmann; their resignations were accepted with regret by the entire Editorial Board. Three new associates have been added; Dr. Jesse Hafer, Dr. Carl W. Janovsky and Dr. Alan S. Peck. Their contributions will be forthcoming. The number of possible associate editors was raised to twelve with and through the approval of the Executive Committee; at the moment there are ten active editors. At a work shop in New York City, the Bulletin of the Hampden District Medical Society was reviewed and analysed by two professors of journalism. Such workshops had been held across the country and all county or district journals were invited to participate. The comments generated and criticism offered to improve the readability are slowly being introduced into the format of the Hippocrat.

The mission of the Hippocrat still remains: to enlighten the Hampden District membership in matters pertaining to the practice of medicine in the District and Commonwealth; to inform the membership of the activities of the Executive Committee and the District meetings; to reveal the problems associated with the delivery of health care and the bureaucracy attached thereto; to chronicle the important events and occurrences of the past or coming months; to act as a sounding board for the membership or other interested parties in matters of concern to each; to provide reading to enrich our lives.

The Editor-in-chief has no recommendations to make to the membership, but he invites comments and criticisms which will make the **Hampden Hippocrat** a better Bulletin for the Hampden District Medical Society.

Walton E. Stevens, M.D.—Chairman
The Committee of the Hampden Hippocrat
and for the Editorial Board,
Editor-in-chief

For those anticipating contributing to the Hippocrat directly or through the Editorial Board, the monthly themes will continue as before.

May ..... The New Administration of the HDMS
June ..... The New Administration of the MMS
September ..... Matters pertaining to the American Medical Association
October ..... The Woman's Auxiliary
November ..... (open)
December ..... Seasonal Philosophies
January ..... (open)
February ..... Commonwealth Legislation related to Medicine
March ..... (open)
April ..... Finale of the retiring Administration

Note: Other committee reports were not received in time to include in this issue. They are available in the district office.

Editor-in-chief

New AMA Group to Study Medical Discipline

The medical profession's self-regulating and self-policing mechanisms will be studied preparatory to overhaul and expansion with the appointment by the American Medical Association this month of a new Ad Hoc Committee on Medical Discipline.

The committee will study the disciplinary mechanisms of medical associations and determine the effectiveness of medical discipline; recommend appropriate modifications in medical self-regulation and appropriate legislation and governmental regulations; recommend improvements in state legislation and licensure board regulations; review the procedures by which hospitals limit privileges within the individual physician's competence, and study the relationship between medical discipline and malpractice claims.

Named by the AMA Board of Trustees as chairman of the new committee is Charles Smeltzer, M.D., of Knoxville, Tenn. Dr. Smeltzer is a former chairman of the AMA Judicial Council and has long been working with problems of medical ethics and medical discipline.

The best interests of the public and the medical profession are served by maintaining the most effective disciplinary measures possible, said the AMA in creating the new committee.

Since the 1969 report of the Medical Disciplinary Committee, the profession has maintained its activities in medical discipline and is vitally interested in determining if present day medical discipline is effective and efficient and if there is a relationship between the medical disciplinary system and the incidence and cost of malpractice claims, the AMA said.

Medical discipline, said the AMA, is a two-tier system consisting of (1) professional self-regulation through the activities of medical associations, American Boards, and hospital medical staffs and committees, and (2) government regulations through medical licensure boards.

The committee will present a preliminary report on its findings to the AMA House of Delegates at the 1976 annual convention in June in Dallas, and a final report at the clinical convention in December in Philadelphia.

Other members of the committee are Louis Alfano, M.D., Melrose, Mass.; Joseph I. Berman, M.D., Baltimore; C. Willard Camalier, M.D., chairman of the AMA's Council on Medical Service, Jean F. Crum, M.D., Downey, Calif.; John M. Kennelly, Jr., M.D., Seattle; Haden E. McKay, M.D., Humble, Texas; Mildred Mitchell-Bateman, M.D., Charleston, W. Va.; John Morton, M.D., Rochester, N.Y.; and John W. Moses, M.D., Detroit.

The committee will hold its organizational meeting in March in Chicago.

Frank Chappell, A.M.A.
Science News Department

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The Physician Assistant in New England

by Karen Chrobak

The steadily growing patient population demands hours that the physician simply does not have. Specialty practices have drawn away many of the MD's who might in previous years have entered general practice. Emergency rooms are understaffed and overworked. New alternatives are needed to answer the question of how to continue to provide quality health care to the public. The physician assistant is one answer.

Acute awareness of the need for physicians to have time for continuing medical education was one of the primary reasons why Dr. Eugene Stead first began training physician assistants at Duke University in 1965. As of 1975 there are 50 physician assistant programs and over 3,000 graduate PA's working throughout the United States.

The Type A Physician Assistant as denoted by the National Academy of Sciences has extensive training in general medical theory and clinical practice. They further state that the Physician Assistant "is capable of approaching the patient, collecting general historical and physical data, organizing these data, and presenting them in such a way that the physician can visualize a medical problem and determine appropriate diagnostic or therapeutic steps. He is also capable of assisting the physician by performing diagnostic and therapeutic procedures and coordinating the roles of other, more technical assistants. While he functions under the general supervision and responsibility of the physician, he might under special circumstances and under defined rules perform without the immediate supervision of the physician. He is thus distinguished by his ability to integrate and interpret findings on the basis of general medical knowledge to exercise a degree of independent judgment."

The training of the physician assistant is generally 18-24 months including classroom work and clinical clerkships. Medical school facilities and faculties are heavily drawn upon to insure the best and most thorough primary care training possible.

Competition for entrance is formidable with 10-20% of the applicants gaining admission each year. Admissions are selective, and programs strive to find those applicants who combine the qualities of dedication to excellence, compassion for the sick, proven competence in patient-care or similar settings, and the demonstrated academic ability required to master the content of the training program.

In 1971, the Council on Medical Education of the American Medical

(over please)

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Association established the "Essentials of an Approved Educational Program for the Primary Care Physician's Assistant." Since 1974 these "Essentials" have been used as guidelines for programs to become accredited. Both New England programs are fully accredited: the Physician Assistant Program at Northeastern University in Boston, Massachusetts, and the Physician's Associate Program at Yale University School of Medicine, New Haven, Connecticut.

In addition the National Commission on Certification of Physicians Assistants was established in 1974. One function of the Commission is to determine the eligibility of individual physician's assistants for the certification examination and to certify those passing the examination.

More extensive information about the programs and employment of physician assistants may be obtained by contacting either program at the following addresses:

Physician Assistant Program
Robinson 202
Northeastern University
Boston, Massachusetts 02115
(617) 437-3195

Physician's Associate Program
Yale University School of Medicine
33 Cedar Street
New Haven, Connecticut 06510
(203) 436-4900

Mrs. Karen S. Chrobak
Assistant to the Director
Physician Assistant Program
Northeastern University

Poet's Corner

No Chauvinist, Me

A woman is man's counterpart
For him, she is his opposite;
Soft skin, silky radiant hair
Eyes that reveal the depths of her
And strangely, his own soul.
If she is good, he will be so—
And if bad, then he will be also.

God gave us women and rightly then—
Not alone to vent a passion,
As some men are wont to do.
But to share the problems and drives of life,
To care for—for better or for worse.

Man is a woman's plaything,
Apparently, you see
That is as Dame Nature wills it.
They let us dangle and they spurn us.
Yet for each man there is his own,
And when she is found—Man then
Briefly finds his place in the sun.

Man is borne of woman and nursed by woman,
Taught by women and loved by women,
Helped by women and cried over by women;
He thinks the world revolves about him.
He has rebuilt it with what God gave him,
Yet if it were not for women, Human man
Would cease to exist as a race and as an individual.
Praises to God—for women and Curses to the Devil
For his wiles in them. (Except at times hurrah)
A married man loses his freedom, but gains his life's purpose.
His spouse.

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Post-Health Fair '76

Health Fair '76 has come and gone. All those who have participated can contest to the immeasurable success the Fair was.

Sixteen thousand persons attended the Fair. This attendance gave all the exhibitors a most active four days.

The committee is most grateful to all those who gave assistance to the success of the Fair. Vivian Purdy, Betsy Stevens and Kay Leagus deserve particular commendation.

James G. Fitzpatrick, M.D.

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Dear HDMS Auxiliarians:

15,063 people is a happy number . . .

. . . especially if you put that number into the aisles of the recent Health Fair at the Civic Center. Well, that's exactly what you helped to do by giving me your assistance in spreading the good word about this very worthwhile activity. It goes without saying that the attendance certainly reflects the total success of our combined efforts.

Honestly, ladies, I wanted to express my sincere thanks for your help and assistance to our publicity efforts. The time you devoted to this activity is very much appreciated.

Please let me know if I can return your kindness at some time in the future. I look forward to working with you again.

Cordially,

Franklin D. Feiler, Manager
Public Relations & Communications

Publicity Chairman
Health Fair '76

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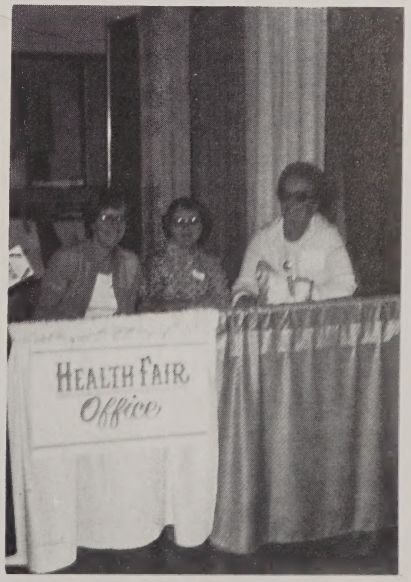
THE PAGE OF THE HDMS'S WOMAN'S AUXILIARY

Spring is a busy time for the Board members of the Auxiliary. Year-end reports are being submitted to the State. Mrs. Sante Caldarola's (Elsie) report included the news that the Hampden District sent $653.75 to AMA-ERF. The four medical schools in the state received substantial help from the AMA-ERF. It can certainly be said that through Elsie's efforts that Hampden District did their fair share. The Scholarship Committee is being deluged with applications which they are sifting through.

Circle May 4 on your calendar. The annual meeting will be held at The Colony Club. *It is an important meeting.* There will be voting on nominations, new by-laws (you should have received a copy in the mail) and installation of officers.

Mrs. Robert H. Nenninger
(Patricia)



Busy hands . . . begin to sift through the thousands of entries in the "Guess the Pills" contest submitted during HEALTH FAIR '76 last week. After counting the 12,522 pills of all shapes and sizes, volunteers (L-R) Mrs. Alice Cummings, 40 Birnie Avenue, West Springfield, Second Vice President of the Hampden District Medical Society Women's Auxiliary; Mrs. Betsy Stevens, 24 Salem Road, Longmeadow, President of the Auxiliary; Mrs. Dorothy Mozden, 621 Amostown Road, West Springfield, an advisor for the Massachusetts Medical Society Scholarship Fund; and Mr. Norman Halperin, 66 Rencelau Street, Springfield, Treasurer of the Western Massachusetts Pharmaceutical Association, searched for the closest "guess" to the correct number.

Over 15,000 people visited the Health Fair activity.

Photos courtesy of Friendly Ice Cream Corporation

Mrs. K. Leagus

Mrs. K. Leagus and Mr. Halperin

SPECIAL TO: THE HAMPDEN HIPPOCRAT

SUBJECT: THE RESULTS OF THE PILL COUNTING

From: PUBLICITY CHAIRMAN HEALTH FAIR '76

An all expense paid weekend in Philadelphia is not a hard pill to swallow. So Mr. Robert Williams of 1523 Carew Street, Springfield, used some pills, 12,-525 of them to be exact, to cure his bicentennial travel fever.

He was the closest person to guess the pills in the recent Health Fair '76 "Guess the Number of Pill" contest held during the area health care exhibit at the Springfield Civic Center. The exhibition, sponsored by the Hampden District Medical Society and its Women's Auxiliary, the Valley District Dental Society and the Springfield Bicentennial Committee, attracted 15,063 people during its four-day run.

Williams' winning guess in the pill contest was 12,525, only three more than the actual pill tabulation of 12,522. He will be spending an all expense paid weekend for two in the nation's official bicentennial city as his 1st place prize which was donated by Weidner Travel Bureau of Springfield.

Coming in a close second with a guess of 12,513, and winning an overnight all expense paid stay for two in Boston, courtesy of Peter Pan Bus Lines, was 14-year old Allan Berard of 55 Memorial Drive, Agawam. His prize includes an overnight stay in Boston, unlimited sightseeing, and meals at Boston area Friendly Fine Food and Ice Cream Shops.

E. DeGray of 14 Mayfair Street, East Longmeadow, placed third with a guess of 12,536 pills and won a full day of Boston sightseeing for two, compliments of Peter Pan Bus Lines, and lunch at a Boston Friendly shop.

The pills used in the contest and all the entries were tallied by Mrs. Kay Leagus, chairwoman of the Health Fair volunteers, Mrs. Betsy Stevens, President of the Hampden District Medical Society (HDMS) Women's Auxiliary, Mrs. Alice Cummings, Second Vice President of the organization, Mrs. Dorothy Mozden, advisor for the Massachusetts Medical Society Scholarship Fund, Mrs. Carol Yorzyk, President-elect of the HDMS Women's Auxiliary, and Mr. Norman Halperin, Treasurer of the Western Massachusetts Pharmaceutical Association and proprietor of Norman's Pharmacy in Springfield.

Franklin D. Feiler—Manager
Public Relations Communications
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Series Articles: by S.D. Rapinchuk

Hobbies

"Food, Food, Glorious Food." In the musical *Oliver* the cry was from the stomach but can equally come from the heart of the artist. The production of a meal gratifying to the eye, taste, and nostrils can be as much of a challenge to the creative ability of an individual as any painting or poem. In addition, it is rewarding to all the senses of the chef. All of us can remember the aroma of fresh baking bread; the picture of the roasted browned turkey enchants all at Thanksgiving. The sound and aroma of fresh perking coffee is a balm to the soul. The taste of whatever most pleases one is an oft remembered pleasure. Those who have kneaded bread would remember the changing texture and feel of the dough with gratification.

As a youngster, I chummed with friends of several ethnic groups, and since as children we were all fed by all the mothers in the group, I was exposed to a variety of foods and to some extent to their preparation. In addition my father was a week-end cook, preparing meals most weekends and attempting to bring something different to the table. The introduction to cooking was a gradual process and I cannot recall any particular point in time when interest suddenly. began. Experimentation came naturally and of course many a concoction went into the garbage pail after tasting. However, along with the failures, there were gratifying successes. Motivation for continuing to cook was simple, a love of good and varied eating. Necessity entered the picture while living in an efficiency while in Medical School, since eating was much better and considerably less expensive than in restaurants. Progression from experimenting to reading recipes was an easy transition though never to the total exclusion of experimentation. Rather cook books provide the jumping off place for the imagination and for colossal success, as well as failure. But then, not all paintings are masterpieces.

Cooking can be very simple and yet provide new tastes. A half cup of good red wine added to a pot roast fifteen minutes before serving provides a pleasant sauce for the palate to enjoy. Similarly, a little white wine to baste the broiling chicken does make a more pleasant meal. Cook books are filled with excellent recipes, and if one were interested in the more exotic. though not necessarily complicated and time consuming, I would heartily recommend *Gourmet Magazine.* If frightened of the recipes, it still makes for reading and visual pleasure. I find that what has become gourmet cooking in many, many instances is what the housewife before the days of convenience foods cooked prosaically in her kitchen. The food was hearty, nourishing and tasty. I find fresh foods as a rule more flavorful than frozen and frozen more so

(Cont. next page)

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than canned. Two of my favorite recipes are so because they can be prepared at least a day before use and one of them almost demands that this be so. First the French Onion Soup which should be prepared at least a day ahead and reheated just before serving: Slice four large onions medium thickly and saute in a heavy saucepan until translucent in 3/4 stick of butter. Then add two cans of Beef Bouillion or Broth and one can of water and cook for about 30 minutes with the lid on the pan. Serve over day old Italian or French bread with Parmesan Cheese. The best you have tasted. The other is a dip served as an Hors D'Oeuvres. Bake a pound to a pound and a half eggplant until it collapses on itself (about an hour at 350 degrees). Skin, mash and add 1 tablespoon of Tahini (crushed sesame in sesame seed oil, obtainable in the Italian markets) and two tablespoons of lemon juice or the juice of one lemon. Add two large cloves of garlic, crushed and mix well. Serve with flat Middle Eastern bread which now can be purchased at any chain food store. Different, exciting and delicious, but do not substitute powdered garlic. I could go on and on as the saliva drips over the paper but I am sure that were anyone to try they would come up with gastronomic delights that are physically and esthetically gratifying. As a closing note let me urge all to experiment, to use a cookbook or a recipe as a starting point for the imagination so that the finished product is a personal production in which the pride of creativity and accomplishment abounds.

Stanley D. Rapinchuk, M.D.

Ed.'s Note: I wonder if he gives lessons?

For The Readers: A PUBLIC HEALTH MESSAGE

12 March, 1976

Recently officials of the Massachusetts Department of Public Health appealed to me for assistance in obtaining the cooperation of physicians and hospitals relative to the statutorily required reporting of all burns affecting 5% or more of body surface area.

Polio at its peak never killed as many children as burns do. All forms of childhood cancer lumped together do not approach the mortality which burns have. At no point in the Vietnam war did the rate of American casualties equal burn injuries at home.

If we are going to lick this silent epidemic of burn injuries, vital information on the circumstances under which each burn injury occurred must be fed into a central point for analysis with an eye to developing appropriate preventive measures.

The assistance and cooperation of physicians and hospitals, particularly Emergency Rooms, by reporting each incident are considered most essential in this endeavor. The paucity of under or no reporting contributes

(over please)

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greatly to the delusion that burn injuries are of no consequence in terms of pain, suffering, disability, defect, and death. Our environment and the myriads of products offered in the market place for our consumption cannot and, indeed, are not that safe.

Special "Burn Injury Report" forms are readily available from:

Division of Food and Drugs
Massachusetts Department of
Public Health
600 Washington Street
Boston, Mass. 02111

Moreover, should there be any question, simply dial 1-617-727-2670 for answers.

Let's all join hands and "lick the flames before the flames lick us."

Sincerely yours,

John C. Ayres, M.D., M. P. H.
Commissioner of Public Health
Springfield Health Department

POET'S CORNER:

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Alexander Graham Bell
He did wonders, he did well,
Captured with electromagnets
Human syllables in drag-nets.
Calling "Come here, Mr. Watson,"
Influenced the lives of tots 'n'
Adults who would go and come 'nd
Not appear till they'd been summoned.
So a gadget, shrill and urgent,
Irritant, like some detergent,
Shatters silence, puts to flight
Slumber in the dead of night,
Brings to doctor's bedside table
Fearful, fretful, frenzied fable,
Voice of simpering silly wench,
Voice that thunders from the bench,
Voice that trembles with despair,
Voice that seeks for comfort there,
Voice that begs for swift surcease
For son or daughter, nephew, niece,
Voice that's sure that current ills
Must be due to doctor's pills,
Voice that cannot bear the truth,
Five parts gin and one vermouth,
Voice of intern, voice of nurse,
Calm, dispassionate, and terse,
He did wonders, he did well,
Alexander Graham Bell.

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This program is open to physicians, nurses, psychologists, social workers, students and other interested persons.

Pre-registration is required. The registration fee of $15 includes the cost of coffee, luncheon and hors d'oeuvres. Please contact H. H. Shuman, M.D., Director of Neonatology Service, Medical Center of Western Massachusetts, 759 Chestnut Street, Springfield, Massachusetts 01107.

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Series Article:

Ostomy Surgery is Common, Yet Difficult to Accept
by Susan Tomlinson

When I had my surgery eight years ago, I felt that I was the only one who this THING. There couldn't possibly be anyone else who was living with IT. In fact, I had no idea what IT was. IT turned out to be an ileostomy, performed because of peritonitis developing from nineteen perforations of the colon due to salmonella poisoning during the last week of my pregnancy. Whoo! I had no years of colitis to "prepare" me nor had I known of other persons with any kind of ostomy. There were dim childhood memories of someone in the family with one of those hush-hush "bags." But no one ever talked about him out loud or to the children or even to him as I recall—he was somehow an outcast. This certainly wasn't what my gynecologist prepared me for.

These experiences, while in my case rather extreme, are not unique. Every other **ostomate** I have had contact with since my ostomy, has voiced the same fears and uncertainties. Some were "better off" because they had a compassionate medical team and/or family who helped them through the emotional as well as physical aspects. If they were really lucky they had an ostomy visitor from the local ostomy association. I had no such visitor, and neither do most other new ostomates. I was told to be thankful I was alive—but was I "living?" Would this clear, plastic, small bag always be falling off and always cause such irritated skin? Would my new baby grow up ashamed of her mother? Would my husband still love me? Would I become one of those family outcasts whispered about? My anxieties were numerous and great.

Services Available

To The HDMS Physician:

I have all the faith in the world in the doctors who are saving ostomates lives; in the nurses who are helping them back to physical health; and in the few enterostomal therapists available to teach proper appliance and stoma management. But that rehabilitation team is incomplete without that personal, "I've been there," contact, both pre- and post-operatively, of an ostomy visitor.

The Ostomy Association of Greater Springfield, Inc., is one of 323 local chapters of the United Ostomy Association, a National Health Service agency dedicated to the rehabilitation of ostomates. OAGS, Inc, was founded almost 21 years ago in Springfield by a small number of ostomates who felt the same need I had—that of finding out first hand from others how to cope. We have since grown to a membership of almost 200 and realize that this is only touching the surface of those who might need "to talk." Our most important service is our visitation program. We train well-adjusted ostomates to visit other new ostomates while they are in the hospital. We offer no medical advice, just moral support. To the best of our ability, we match patient and visitor by sex, age, type of ostomy, and background. Our visitors are trained by an enterostomal therapist and veteran ostomates who follow guidelines set up by the national organization and stress

(Cont. next page)

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the "do's and don'ts" of visitor procedures. We visit no person in the hospital without the expressed consent of the attending physician and our services are free.

Through publications of United Ostomy Association we offer booklets ranging from "All About Jimmy," a coloring book for children explaining what will happen to them, to guidebooks on the care of the three major ostomy surgeries, to "Sex and the Single Ostomate." The national organization also publishes *OSTOMY QUARTERLY* the only magazine devoted to ostomates written primarily by ostomates. Locally, we publish a monthly newsletter and hold monthly meetings with guest speakers and mutual aid discussions. We also have an appliance display which is kept up to date on all the latest prothesis and auxiliary products on the market. In May of 1977, Springfield American Cancer Society and OAGS, Inc., will sponsor a two-day conference. This North Atlantic Regional Conference will draw people from all over New England and northeastern Canada. National Conferences are held each year for four days. Last year, OAGS had three members among the 1400 in attendance who met in Toronto, Canada.

To request a visitor or obtain more information, call Mary DiSanti, visitor coordinator at 783-5387 or write Susan Tomlinson, President, OAGS, Inc., Box 172, Springfield, Mass. 01108.

Susan Tomlinson

News Release

Springfield Technical Community College has received notification from the Council on Medical Education of the American Medical Association that its program in Respiratory Therapy has been accredited, announced Dr. Robert C. Geitz, President of STCC. The Respiratory Therapy Program is in affiliation with the Mercy Hospital, Wesson Memorial Hospital, Holyoke Hospital and the Medical Center of Western Massachusetts.

Respiratory therapy is one of the newer fields in hospital work and has received considerable attention in recent years due to public interest in the problems of air pollution and smoking. The respiratory therapist administers treatments and medications to deal with diseases of the respiratory tracts such as emphysema, bronchitis and industrial diseases . Therapists also carry out various diagnostic tests to help the physician in determining the proper course of treatment for his patient, including mechanical ventilators and application of chest physiotherapy.

Graduates of STCC's Respiratory Therapy Program earn the Associate in Science Degree.

Donald W. Avery—STCC
Director of Public Relations

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Editorial

REFLECTIONS ON THE TASK OF OUR LEGISLATORS

RESPOND TO GARDNER COX'S CALL FOR ACTION AGAINST H 3610 and to the other critical legislation pending in the General Court.

Through the kindness of Representative Iris K. Holland, your Editor has had the opportunity to go over the **Bulletin of Committee Work** and Business of the Legislature for the General Court of 1976, released on March 29th. It contains 378 pages on which only the titles of the various committees assigned bills have been typed in small print. For example: The *Judiciary Committee* has 174 Senate items + 14 additional references and from the House—610 items + 36 additional references (Senator Sisitsky is on this committee); the *Health Care Committee* has 52 Senate items + 7 additional references and from the House 157 items + 17 additional references (Senator Bernashe is chairman and Representatives Holland & Lappin are on this committee, H 3610 is to be studied herein); *Human Services and Elderly Affairs* has 72 Senate items + 4 additional and from the House—213 items + 6 additional (Representative Cahillane sits on this committee); The *Insurance Committee* has 48 Senate items + 1 additional reference and the House—143 items + 11 additional (Senator Zarod and Representative Rohan sit on this committee). Perusal of the slate of petitions of this last committee shows at least 8 Senate items referral to health care and the House—32 items. Many have significant titles, herewith our legislative counselor will have to read the substance of the petition to determine its criticality to the practice of medicine or to the wellbeing of our patients.

It is frightening to ponder all the work entailed to the Senators and Represenatives in reading the bills and more frightening to realize that without unbiased input from the medical community, their task of interpreting the significance (immediate and long term) of a particular bill is near impossible. For example, the *Natural Resources and Agriculture* committee was to be ready for a hearing on February 26th, H 1969 a petition from Thomas H. Driscoll for legislation to make certain changes in the environmental policy of the Commonwealth. A few seconds of thought reveal the need for input from not only physicians, environmentalists and public health officers but from the entire range of

(Cont. next page)

professionals including the ministry, before a comprehensive and proper judgment and vote can be made. My hat is off to our legislators! It may not be disadvantageous for the Massachusetts Medical Society to hire several "retired physicians" to read thru this Bulletin and the appropriate bills and make themselves available to the legislators to offer unbiased advice. I sincerely doubt that the MMS Legislative Committee members are able to devote themselves or have the time necessary to properly evaluate this voluminous, important Bulletin. I suspect they are alerted to bills such as H 3610 thru their legal advisors or by understanding legislators, but what about the petitions with hidden implications for health care delivery or the practice of medicine? Complacency will only see us, physicians, further displaced from the decision making process and from the central portion of the main stream of health care delivery. Is this the heritage we wish to pass to the younger men coming along? Should we just hunker down, set our teeth, increase our cut of the take as best we can and say, 'to hell with the rest'? Nowhere in my medical education (which formally ended 28 years ago) was I instructed to shrink away from a problem, at no time was I told to line my pockets, not to cooperate with other non-MD professionals, to forget my patients and my *Oath* in self interest. No! I was taught to help, physically and emotionally—to give of myself, to put the practice of medicine ahead of personal gain. During my internship at the Pennsylvania Hospital, I spent two years of learning to apply my formal education to the problems associated with the practice of medicine. This hospital provided a patient clientele from all levels of Philadelphia Society and I learned that rich or poor, educated or illiterate, black, yellow or white, man or woman were **humans** under whatever cloak of life they found themselves. They looked to me, to all physicians, for medical help and reassurance that they would be better after our administrations. If they were dying they sought comfort, agape/love, and understanding. The reward from the practice of medicine is the inner knowledge that your patient is satisfied that his physician is doing or has done the best for him; a correlative reward is the knowledge that you did indeed do your best. No compromise but mature judgment that you have obtained the best possible result at the average cost to the patient and his or her family. Those of us in our middle years of practice have seen the miracles of modern medicine burst forth during these years. We have watched our abilities to do more for the patient, to extend useful life but at a price; in fact for two price(s). First, the cost of providing first level care has taken off for the stars—for a while the third party payors were able to absorb these costs; now they have reached their financial limits. The State, which for 50 years has played a secondary role in the direction and cost of health care delivery, is now exerting itself and it is frightening to us. Secondly, our abilities have led us and society to dilemmas such as when to pull the plug(?) and when is a human a human being(?). The solution to these price problems requires all of society to participate and to provide the proper answers. Physicians must present their expertise and cooperate but this is the hour of the Consumer and the Planning Agency; again we must be available to the Legislators. However, the practice of Medicine is our profession and we must fight, in all ways, to keep it sacred, unviolated and the exclusive right of the physician. To do less is to forego our Oath

(over please)

Ernest A. Byron, Jr.

SPRINGFIELD

as physicians and our duty as citizens. To protect this obligation to our patients means again we must cooperate with the Legislators, either directly or through our medical societies and even our political action groups.

Therefore fellow physicians, I implore you to learn what you can do to assure your medical practice future. Bruce Stoler has asked for your help in running his administration—give your services. Gardner Cox and Louis Alfano have also asked for your help—offer your assistance. The practice of Medicine is under tremendous pressure to change;—to conform to new ideals created by Health Care Planners, to surrender its high principles to persons only interested in downgrading the profession to a technical level, to change its priorities and interrelationships to society by well meaning but little comprehending do-gooders. Our Legislators here in the Commonwealth, as well as in Washington, look for our guidance, assistance and support as they ponder what is best for their constituents and their state or country. They are not against us (or for us) but are trying to reach decisions which are best for all of us, now in 1976 and the coming years. Thoughtful correspondence or direct vis a vis discussions with them about your feelings over upcoming legislation is what they need to arrive at the right vote for American Medicine. Those of you with original thoughts about the direction or with solutions to the complex problems facing us all are invited to air them in the **Hampden Hippocrat.** The Hippocrat has as a mission—to act as a sounding board of medical opinion; the pages are open to you and your pen.

Come forth, contribute, be an active member in organized medicine! Or the reverse will be our lot!!!

The Editor-in-chief

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It has always been difficult for persons with "unilateral" hearing loss (one good ear and one impaired ear) to benefit from the use of a hearing aid. Now, a new development called CROS (Contralateral Routing of Signals) is helping these people use hearing aids successfully. The new method uses a receiver at the impaired ear, to pick up sounds and route them to the good ear. Researchers at Northwestern University report that CROS fitting has been helpful in many cases of unilateral loss. If you have this problem, let us tell you more about MAICO CROS hearing — it could be the answer to your problem!

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To the Editor

23 March 1976

I just finished reading the February issue of the Hippocrat and felt I had to let you know how encouraging it is to see such complimentary . . . and factual . . . editorials about the efforts and aims of the AMA.

Doctor Stoler's report on the recent AMA Leadership Conference was excellent. I intend to plagiarize freely from his well expressed conclusions, especially his reference to the AMA's effectiveness being proportional to the number of doctors who are AMA members.

This is particularly pertinent to Massachusetts which is outranked by forty-nine states and the District of Columbia in the ratio of AMA members to physician population.

The profession has never had a greater need for unity. Your publication is doing much to achieve that goal.

Sincerely,

Raymond T. Sullivan, Jr.
Assistant Director
Division of Professional Relations
American Medical Association

Dr. Bruce B. Stoler of 114 Crescent Rd., Longmeadow, Mass., has been cited for distinguished achievements by being named a Fellow of the American College of Radiology.

Dr. Eckart Sachsse of 77 Morningside Dr., Longmeadow, Mass., has been cited for distinguished achievements by being named a Fellow of the American College of Radiology.

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Physicians Continue to Lead in Public Confidence Polls

When a political candidate emerges the winner despite potent opposition from special-interest groups and the press, there is a standard way of describing his success:

"He had everybody against him but the people."

Today that could reliably be said of physicians. The polls show we're retaining our public esteem, regardless of onslaughts from various denizens of Capitol Hill, regulatory agencies, Ralph Nader, Max W. Fine, and the *New York Times.*

According to a new survey by Louis Harris, the people view physicians more favorably than all other sources of their health care.

Topping the 15 categories surveyed are medical specialists, viewed favorably by 83% of the public and unfavorably by only 9%. Confidence in general practitioners has risen from 72% favorable-19% unfavorable in 1968 to 81%-16%.

Hospitals in general got a 70% favorable 27% unfavorable rating in the poll, which was conducted for the Federation of American Hospitals.

The cheering section for eventual federal takeover of care should take note that private, nonprofit hospitals received a 60% favorable-21% unfavorable rating, compared with 53%-20% for military and veterans' hospitals.

Although labor unions are among the glibbest pleaders of the "we demand better care for the people" line, union medical centers trail badly in public regard.

The Harris survey also shows that the public considers higher malpractice insurance premiums one of the five major causes of climbing medical and hospital costs—along with increases in nurses' salaries, physicians' fees, office overhead, and drug costs.

A flock of other surveys show the doctor is pretty darn popular.

Physicians were rated the most trustworthy of occupations in a survey by Chilton Research Services. In another survey, more than 8 of 10 people interviewed by Roper Reports said they are "very satisfied" or "fairly well satisfied" with both the quality and availability of their medical care. While a majority considered medical costs too high, 8 of 10 expressed satisfaction with their provisions for meeting those costs.

One good turn deserves another—so thank your patients for all these votes of confidence.

A.M.A. Public Affairs Division

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